

Emergency Support Function #8 – Public Health and Medical Services

Lead:

Public Health Seattle & King County

Primary Agencies:

Region 6 Hospitals - Seattle and King County
Public and private Emergency Medical Services providers
King County mental health care providers

Support Agencies:

American Red Cross, Seattle Chapter
King County Department of Community and Human Services
King County Department of Natural Resources and Parks
King County Department Transportation
King County Fire Chief's Association
King County Office of Emergency Management
King County Sheriffs Office
Law enforcement agencies
Puget Sound Blood Center
Seattle Office of Emergency Management
Seattle Human Services Department
Washington State Hospital Association
Washington State Poison Center

Purpose

The purpose of Emergency Support Function 8 - Health and Medical Services (ESF-8) is to provide for the organization, mobilization, and coordination of health and medical services in an imminently threatening health emergency or during other emergencies or disasters that require the involvement of or activation of ESF 8.

Scope

The health and medical services of ESF-8 include Public Health Seattle & King County (PHSKC), regional hospitals, health care providers and facilities, community mental health services, emergency medical services (EMS), and the King County Medical Examiner. Health and medical services are supported by key community response agencies. Activities within the scope of health and medical services include:

- Organizing, mobilizing, coordinating, and directing health and medical services in the event of an emergency or disaster

- Supporting the delivery of mass care to trauma victims consistent with the Central Region EMS and Trauma Council Plan
- Coordinating or providing medical and environmental surveillance and monitoring activities with other medical service providers and support agencies
- Coordinating the surveillance for and treatment of communicable or other diseases in an emergency or disaster.
- Implementing measures designed to prevent the spread of disease or environmental contamination
- Coordinating the recovery of fatalities, conducting forensic investigations, and determining the cause and manner of death
- Establishing and maintaining effective and reliable means of communication with health services agencies, health care providers, support agencies, the general public, and the media
- Coordinating and supporting crisis intervention and mental health services during and following an emergency or disaster event.

Authorities

- RCW 70.05.060 Authority of Local Board of Health and Local Health Officer
- RCW 70.070 Mandates of Local Health Officer
- WAC 248-100 Duties and Responsibilities of Local health Officer, Isolation and Quarantine Authority
- WAC 246-100-036 Communicable and certain other diseases
- RCW 68.50 Role, responsibility and authority of the Medical Examiner
- RCW 70.58.020, 030 Local Health Officer is Registrar of Vital Statistics
- RCW 43.20.050(4) Enforcement of Isolation and Quarantine Orders by law enforcement.
- RCW 18.71 Physician's Trained Mobile Intensive Care Paramedic
- RCW 18.73 Emergency Medical Technicians, Transport vehicles
- RCW 70.168 State-wide Trauma Care System
- Seattle Municipal Code Chapters 10.02, 10.26 and 12a.26
- King County Code Chapters 1.28, 2.26 and 12.52

Policies

Guiding policies for health and medical services responding to a health emergency or other emergency or disaster in King County include:

- ESF-8 will be activated when an emergency or disaster occurs and a coordinated, regional response of health, medical and environmental response agencies is required.
- PHSKC will assign appropriate staff to ESF-8 functions in the Seattle and King County emergency coordination or operations centers (ECC/EOCs), and incident command posts.
- A National Incident Management System (NIMS) compliant Incident Command System will be utilized for direction and control of ESF-8 response agencies.
- ESF-8 agencies will commit resources, expertise, and experience as needed in an emergency or disaster.
- ESF-8 agencies will collaborate with local, state, tribal, federal agencies, and local community based organizations to assure an effective and efficient response to health, medical, and environmental emergencies or disaster.
- The King County Healthcare Coalition will serve as the health system's clearinghouse for information during a major health care emergency or disaster. The Coalition will establish a standardized communication and resource coordination mechanism for information sharing and management of medical resources and response activities during emergencies through the Regional Medical Resource Center. The Coalition will serve as a coordinating body to organize county-wide healthcare assets and provide consultation to public officials through the Healthcare Coalition Executive Council.
- In coordination with the Health Care Coalition, PHSKC will provide leadership in coordinating health, medical services, and environmental response policy and decision making, the acquisition of medical resources, and development of information for health care providers, the public and the media in a disaster or emergency.
- The Local Health Officer (LHO) may implement such measures as necessary to protect the public's health as authorized by state law.
- Harborview Medical Center (HMC) will function as Hospital Control for King County. In this capacity, HMC directs the distribution of EMS patients to appropriate hospitals in King County in an emergency or disaster. HMC will also maintain voice and data communications with regional hospitals. Overlake Hospital Medical Center is the designated back up Hospital Control facility.
- Private and public EMS basic and advanced life support response in an emergency or disaster will be coordinated by the King County Fire Chiefs' Association, Fire Zone Coordinator at the King County ECC and the Seattle Comprehensive Emergency Plan ESF-4 Fire Rescue and EMS at the Seattle EOC.

- The King County Department of Community and Human Services will coordinate community mental health needs in an emergency or disaster according to the King County Mental Health Response Plan. The American Red Cross and other disaster assistance agencies provide additional resources needed to address community mental health needs.
- PHSKC will be the primary expert source of public information regarding health, medical, and environmental response to emergencies and disasters in King County. PHSKC will work with JICs in the Seattle EOC and King County ECC to coordinate all releases of public information with the public, media, and with appropriate response partners.
- The King County Medical Examiner's Office (KCMEO) will be lead agency for planning and responding to fatalities resulting from an emergency or disaster. The KCMEO is the lead agency in determining and certifying the cause of deaths in King County (confirming disaster related deaths) and for coordinating the final disposition of the victims of an emergency or disaster.

Situation

Emergency/Disaster Conditions and Hazards

The King County region will periodically experience naturally occurring or deliberately caused emergency or disaster conditions that will result in illness, injury or death. Emergencies or disasters may also result in harm to the environment. These conditions may include natural disasters, accidents, acts of terrorism, and outbreaks of disease as identified in local Hazard Identification and Vulnerability Assessments (HIVA), Homeland Security Region 6 BioTerrorism Response Plan, King County Hazard Mitigation Plan, and Public Health Emergency Operations Manual.

Planning Assumptions

The ability of ESF-8 health and medical services agencies to respond to an emergency or disaster is based on the knowledge that:

- PHSKC, regional hospitals, EMS and the KCMEO have the capability to respond to an emergency 24 hours a day, 7 days a week.
- Regional ESF-8 support agencies also have 24 hour a day, 7 day a week response capabilities.
- Health care providers and facilities that do not have 24 hour a day, 7 day a week response capabilities will be incorporated into an emergency response as needed.
- The Healthcare Coalition - Regional Medical Resource Center has the capability to respond 24 hours a day, 7 days a week.
- Health and medical services agencies have planned and prepared to maintain emergency response capability under emergency or disaster conditions to the best of

their abilities. ESF- 8 agencies have evacuation and relocation plans for their health care facilities should they become unusable because of damage or other conditions.

- Public health, medical services, and environmental emergency response agencies will collaborate to assure a coordinated response within ESF-8.
- A significant emergency of natural or intentional origin has the potential to impact the region in a manner in which a central, region-wide coordination of health, medical, and environmental activities is required to assure an efficient and effective response.
- Health and medical emergencies may involve casualties requiring varying levels of treatment.
- Access to assessment, transport and treatment facilities may be limited. During the first 72 hours of a large scale disaster event, the public should not anticipate that routine emergency medical services will be accessible by calling 911.
- Health care facilities may be over taxed, over utilized or inaccessible. Hospitals and other medical facilities may be taxed to their maximum capacity and ability to receive patients.
- The public should not anticipate routine public health services, such as immunizations, special nutritional programs for children, or public health nursing services, routine dental care for at least the first 72 hours of a large scale disaster event.
- Health care related supplies may be over utilized or unavailable.
- Hospitals, nursing homes and other critical care in-patient facilities will rely on existing emergency service contracts with medical supply, and pharmaceutical vendors to the maximum extent possible, and will maintain back up supplies stored on site, (including food, water and basic medical supplies) to maintain operations for a minimum of three days.
- Support agencies will provide emergency services to the best of their abilities. Personnel available to provide full support functions may be limited by injury, illness, personal concerns/needs or by limited access to or compromise of the facilities where they work.
- Infrastructure supporting health care facilities may be interrupted, causing water, power, gas, food and other supplies and services to be impaired.
- ESF 8 Coordinators may need to arrange for the use of other facilities such as gymnasiums and community centers as temporary treatment facilities. Staffing and supply of temporary treatment facilities will be consistent with the ability to mobilize and transport staff and supplies from other medical facilities, temporary employment agencies, or private medical suppliers and may take up to 72 hours.
- An emergency may pose a threat to the psychological and emotional well being of citizens that will result in a significant increase in demand on community mental health agencies. Local mental health resources, coordinated through King County Community

and Human Services, represent a limited response capability and will require early supplementation with state and federal resources.

- An emergency may result in casualties that significantly exceed daily capabilities of the KCMEO for identification, documentation and disposition of fatalities.
- An emergency may require the triage and treatment of large numbers of individuals which will have a direct impact on regional hospitals and health care facilities.
- An emergency may require the isolation or quarantine of individuals in their home or in temporary facilities.
- An emergency that may require the isolation or quarantine on tribal lands would be coordinated with the affected tribal authority and the CDC, and will be detailed in the Public Health-Seattle & King County Emergency Response Plan, Infectious Disease Isolation and Quarantine Annex.
- An emergency that may require the isolation or quarantine of passengers on ships or planes will be coordinated with the appropriate authorities and the CDC, and is detailed in the Public Health-Seattle & King County Emergency Response Plan, Infectious Disease Isolation and Quarantine Annex.
- An emergency may require implementation of public health measures to contain and control a communicable disease or spread of environmental hazard.
- An emergency may also impact neighboring counties and health departments thereby limiting the availability of mutual aid.
- Each agency responding to emergencies under ESF-8 will contribute to the overall response capability but will retain control over its own resources and personnel.
- State and federal emergency response assets may be limited and deployment may occur well after the initial local request has been made.
- Emergency medical, health and medical examiner services will be restored to normal during the recovery period as soon as practical and within the limitations and capabilities allowed of affected agencies following the emergency.
- In monitoring the scalability of an incident that is likely to exceed the surge capacity of local capabilities, it will be necessary to maintain close contact with the Washington State Department of Health (WA DOH) and the Washington State EOC (WA EOC) to expedite requests for outside assistance.

Concept of Operations

General

While incidents may vary in size and significance, the population density of King County can magnify the potential impact of the event. An effective and efficient response to an event in King County requires coordination among health, medical services, and supporting agencies.

PHSKC is the central point for notification of an event requiring response by ESF-8 agencies. As needed, PHSKC will conduct a situation assessment, initiate surveillance and monitoring activities as needed, and notify appropriate ESF support agencies. When the King County ECC, Seattle Emergency Operations Center (SEOC), or other ECC/EOCs are activated, PHSKC will coordinate staffing of these facilities by appropriate ESF 8 representatives.

If an emergency or disaster requires response by public health, PHSKC may activate the Public Health EOC (PHEOC). PHSKC will establish an incident command model consistent with the response and resources required by an event.

Incident response will be guided by plans such as PHSKC Emergency Response Plan, the Central Region EMS and Trauma Care System Plan, *Region 6 Hospital Emergency Response Plan (under revision)*, and the response plans of supporting agencies.

PHSKC will coordinate with ESF agencies to assure the effective use of local medical resources and determine additional medical resource requirements. If needs cannot be met locally, PHSKC will transmit a request for assistance through the King County ECC or other Multi-Agency Coordination Center in King County to the State of Washington. If the State is unable to meet these needs, the state will forward the request to the Federal government. Examples of request that might result in a Federal response are the resources represented by elements of the National Disaster Medical System or the Strategic National Stockpile.

Government, private and non-profit organizations will be requested to support the regional medical health, mental health and environmental emergency response by providing resources and support consistent with their capabilities.

Investigation into the means and cause of death resulting from an emergency or disaster is the domain of the King County Medical Examiner's Office (KCMEO). KCMEO will supervise the recovery and final disposition of all fatalities.

PHSKC is the primary agency for developing the message and determining the timing for release of accurate and consistent health and medical information to the public, media, and community response partners.

ESF-8 agencies will support recovery activities aimed at restoring health and medical services to pre-event status. PHSKC will coordinate with emergency management and response agencies in providing assistance to community recovery efforts.

Procedures

- Emergency operating procedures for Public Health are maintained in the Public Health Emergency Response Plan.

- Procedures for emergency medical services are identified in:
 - Internal procedures for each city and fire district;
 - King County Emergency Management Plan ESF 4, Fire Services.
 - King County Multiple Casualty Incident Operations, King County Fire Resource Plan.
- Procedures for other organizations are outlined in individual agency disaster plans.
- Additional regional procedures are further identified in the response activity section of this document.

Organization

Public Health – Seattle & King County will lead the response of ESF-8 health and medical services in an emergency or disaster in coordination with the Health Care Coalition. The specific command structure established for a given incident and the role each ESF-8 agency will play within that structure may vary depending on the type of incident, threat and risk posed, jurisdictions involved, suspected criminal activity, and legal responsibilities and authorities of participating agencies. The application of ICS may progress as follows:

Single Command

- A Single Command will be used to establish ICS and conduct the initial situation assessment. The situation assessment will determine whether a Single Command led by an ESF 8 agency Incident Commander can meet the direction and control requirements of an incident. The response needs of these incidents can be met primarily by the resources of individual ESF 8 agencies.
- Public Health may assume the role of Incident Commander for health or medical incidents under specific circumstances:
 - Legal authorities identify Public Health as the lead agency for the response
 - Specific health consequences require the leadership and expertise of Public Health in the command function
 - Public Health is the only responding agency to the incident
- Response to a food borne outbreak at a known location is an example of the application of a Single Command.
- If a Single Command cannot meet the response needs of an incident, Incident Command will transition to Unified Command or Area Command.

Unified Command

- ESF 8 agencies may form Unified Command during incidents involving overlapping responsibilities, authorities or jurisdictional boundaries. Response agencies will contribute members to fill positions within the Unified Command. The Unified Command will be responsible for the analysis of incident information and establishing a common set of objectives and strategies in a single Incident Action Plan. An

example of an incident requiring the establishment of Unified Command is an act of bioterrorism where PHSKC will be the lead health agency and the FBI and local law enforcement leading the criminal investigation. Other agencies with responsibilities or jurisdiction may become part of the Unified Command as needed.

- Public Health and EMS agencies may be identified as participants within a unified command and Joint Information Center during multi-agency incidents. Public Health and EMS agencies will identify and train staff to serve in a Unified Command.
- Health Care Coalition members may serve as an ESF 8 unified command during emergencies with significant health and medical impacts that exceed regional capabilities.

Area Command

- The size, complexity and geographic dispersion of response activities may require the establishment of an Area Command. Area Command is established when multiple incident or response sites, each being managed by an ICS organization, require central coordination and direction. Area command will set overall strategy and priorities, allocate critical resources, ensure that response activities are properly managed, objectives are met, and strategies are followed.
- An example of an incident that might result in the establishment of an Area Command is the need to distribute antibiotics across multiple jurisdictions. An incident management strategy might include dividing the county into geographically defined areas and establishing Incident Command within in each area. Area Command will direct the overall response of each established Incident Command.

When a supporting agency assumes Incident Command

- ESF 8 agencies may be requested to serve as liaisons to the Incident Commander (usually a Fire Department or Law Enforcement agency) at a site specific incident command post during incidents that include health and medical consequences.
- Incident Command may be established at an EOC or incident site and Public Health, Hospital and EMS agencies may serve as the lead for the health and medical response within the Operations Section, or may staff various positions within the Planning Section. An example may be a health and medical response to an incident at a port facility where the local fire department has established Incident Command and Public Health and EMS may serve as Operations Section participants.

Emergency Communications

- Emergency communications for health, hospital, EMS, and regional support agencies are described in the Central Region Trauma Council Communication Plan, approved May 2005. The Plan also addresses interoperability, assignment of talk groups, and alternative communications resources such as Hospital Emergency and Administrative Radio (HEAR) the Hospital Capacity website, and Amateur radio.

Responsibilities

The following organizations will endeavor to the best of their abilities the objectives listed below:

Public Health Seattle & King County (PHSKC):

- Establish and maintain ongoing communication through the PHEOC and with health, medical, environmental, and response partners during an emergency.
- Facilitate and coordinate with the Healthcare Coalition to effectively manage policy decisions and health and medical resources during emergencies and disasters.
- Assess the Public Health impact and potential consequences posed by an emergency and determine appropriate course of action.
- Provide leadership and direction in responding to a health emergency in the community consistent with the authority of the Local Health Officer.
- Support and advise regional and tribal leaders and elected officials making policy decisions during incidents with public health consequences.
- Direct the development and dissemination of health messages to the public, media, and response partners. PHSKC will engage the PIOs of regional response agencies in these efforts.
- PHSKC PIOs will support regional and tribal leaders and elected officials in responding to local public information and media relations needs.
- Coordinate and direct isolation, quarantine, and other control measures required by an outbreak of disease.
- Coordinate and direct mass vaccination and antibiotic dispensing operations during public health emergencies.
- Coordinate the health assessment of and response to food safety, water quality, and sanitation.
- Coordinate and collaborate with community response agencies in identifying environmental impact, remediation, and recovery activities necessitated by the emergency or disaster.
- Coordinate medical resource requests from the Healthcare Coalition -Regional Medical Resource Center to supplement local capacity, such as the National Disaster Medical System (NDMS), Strategic National Stockpile, state and federal sources.

- Provide medical advice and treatment protocols to EMS, hospital, and health care providers during a public health emergency.
- Support King County Community Mental Health and the American Red Cross in meeting regional mental health services in an emergency or disaster.
- Coordinate regional critical incident stress management for first responders through PHSKC's Emergency Medical Services Division.
- Provide epidemiological surveillance, case investigation, and follow-up to control infectious disease, including acts of bioterrorism, and outbreaks of food borne illness.
- Establish surveillance systems to monitor health and medical conditions in the community, conduct field investigations, provide health, medical and environmental consultation, and develop appropriate prevention strategies.
- Support evacuation plans throughout the county in coordination with the American Red Cross and ESF-6 Mass Care, Housing and Human Services agencies. Public Health's role in evacuation planning and response will focus on assisting with environmental health provisions at temporary shelters.
- Coordinate and provide laboratory services for identification required to support health, emergency medical services, and first responders
- Coordinate the response of regional veterinarian services and animal care groups in an emergency.
- Direct response activities to vector-borne public health emergencies.
- Coordinate with and provide technical assistance to organizations that provide services and support to vulnerable populations on an ongoing basis. Assist these organizations with planning and response activities to ensure the services they provide to vulnerable populations are maintained during emergencies.
- Through the Public Health Office of Vital Statistics, coordinate with local funeral directors and the King County Medical Examiner's Office regarding the filing of death certificates and issuing of cremation / burial transit permits for fatalities resulting from an emergency or disaster.
- The Public Health Office of Vital Statistics will develop a system for keeping records of incident related deaths resulting from an emergency or disaster.
- The King County Medical Examiner, within PHSKC, will:
 - Investigate and determine the cause and manner of deaths resulting from an emergency event
 - Coordinate the disposition of casualties resulting from an emergency or disaster

- Maintain the official log of reported and confirmed deaths resulting from an emergency incident
- Serve as the lead agency for the release of information regarding deaths resulting from an emergency.

Region 6 Hospitals:

- Provide primary medical care in an emergency consistent with the Region 6 Hospital Emergency Response Plan and the Central Region EMS and Trauma System Plan.
- Follow communications protocols outlined in the Central Region Trauma Council Communications Plan, which includes updating the Puget Sound Hospital Capacity Website daily and every four hours during an event or more frequently if possible. Maintain communications with 'Hospital Control' and provide information upon request.
- Collaborate with PHSKC and Hospital Control to assure the effective use of available hospital bed capacity.
- Activate regional surge capacity plans and capabilities to meet trauma and burn patient care needs
- Activate regional surge capacity plans to meet initial isolation of hospital patients with communicable disease.
- Incorporate facility evacuation as a component of hospital emergency plans. Coordinate development of hospital facility evacuation protocols with Hospital Control, local public health and first response agencies.
- Advise the Healthcare Coalition - Executive Council on policy decisions that may arise during emergencies and disasters.
- Coordinate with the Healthcare Coalition - Regional Medical Resource Center to ensure appropriate assessment and distribution of medical resources.
- Collaborate with PHSKC in developing and releasing information about the incident to the public and media.
- Coordinate directly with EOCs of the cities in which they are located for non-medical equipment, supply or service needs.

Region 6 Hospital Control (HMC):

- Update Hospital Capacity web site during emergencies.
- Coordinate communications among regional hospitals based on the Central Region Trauma Council Communications Plan.

- Direct EMS transport of patients from the field to regional hospitals in a mass casualty incident.
- Notify PHSKC Duty Officer of emergencies impacting the hospital system.
- Coordinate with all hospitals in King County to identify medical equipment and supply needs and communicate those needs to the PH EOC or Regional Medical Resource Center as appropriate.
- Identify and communicate to the PH EOC regional hospital capacity issues that may arise during emergencies
- Coordinate facility evacuation plans and protocols with all hospitals in King County. Direct the planning and response components of patient transport during evacuation events. Request through the PH EOC activation of the NDMS to evacuate patients out of King County, as needed.
- Activate the "All Call Alert" and notify Region 6 hospitals that a multiple casualty incident or other system wide emergency has occurred. Hospital control will also notify the Public Health Duty Officer of:
 - Nature of the emergency or problem
 - Projected number of patients, if known
 - Hospital status or needs

Emergency Medical Services (EMS):

- Respond to emergency medical incidents in the field
- Provide initial patient assessment, treatment triage and transport of ill or injured patients.
- Utilize the King County Multiple Casualty Plan to prioritize treatment and transport of patients from an incident involving multiple patients. Hospital Control will identify the designated trauma center hospital or other hospital able to receive injured patients.
- Support Hospital Control, as needed in planning for and responding to evacuations of hospital facilities.
- Follow the patient care procedures established by the King County EMS Medical Program director. Paramedics will receive on-line medical direction from their Medical Control Hospitals
- Coordinate Critical Incident Stress Management program support to emergency medical service providers.

- In accordance with RCW 68.050, EMS will report fatalities to the King County Medical Examiner before moving or transporting fatalities from an incident site. The King County Medical Examiner will provide specific guidance on preserving the incident site and the disposition of victims.

Airlift Northwest:

- Provide rapid emergency and inter-hospital air transport service to ill or injured patients in King County

American Red Cross:

- Assist in disseminating official information or warnings, when feasible.
- Assist in coordination of volunteer agencies relief efforts.
- Provide support to King County Department of Natural Resources and Parks, ESF 6 operation in providing food and drinking water to support emergency workers at temporary treatment centers and incident sites as volunteer staffing and resources allow, consistent with the Regional Disaster Plan ESF 6-Mass Care, Housing and Human Services protocols.
- Provide emergency first aid and Disaster Health Services, as availability, training, and skills allow according to Red Cross Health Services protocols.
- Assist with emergency medical support needs at temporary treatment centers, as availability, training, and skills allow according to Red Cross Health Services protocols.
- In coordination with King County Department of Community and Human Services, provide Disaster Mental Health Services to the community as volunteer staffing allows.

King County Department of Community and Human Services:

- Coordinate the delivery of community mental health services and crises response consistent with the King County Mental Health Disaster Response Plan.
- Coordinate with the Seattle Chapter of ARC regarding the provision of American Red Cross Disaster Services.

Puget Sound Blood Bank:

- Accept and process properly identified requests for blood.

- Process, type and cross match blood samples.
- Coordinate with the Regional Medical Resource Center regarding blood needs for hospitals.
- Provide for the return delivery of blood to the requesting agency.
- Coordinate blood donation from the public.
- Assist local health care facilities with decisions about blood allocation and with planning transfusion support.
- Assure adequate blood supply to meet demand and coordinate with other blood centers and national agencies for acquisition of additional resources, as needed.

Washington State Hospital Association:

- Assist PHSKC and the Healthcare Coalition with preparedness and administrative activities including coordination of preparedness planning and communication among Region 6 hospitals.

Washington State Poison Center:

- Provide 24 hour telephone information to health care providers and the public with information regarding any and all chemicals, “poisons”, and suspected poisonings.
- Provide on-line poison information and first aid intervention to non-English speakers in 140 languages utilizing Language Line Services.
- Provide information regarding environmental and toxicological concerns to ESF-8 response agencies.

Local Law Enforcement:

- Be responsible for assuring the safety and security of PHSKC field operations including EMS and community based dispensing and vaccination activities.
- Provide crowd control at scene of an emergency or at the site of health and medical field operations.
- Provide emergency traffic routing information and establish a traffic control plan at the scene of an emergency or site of health and medical field operations.
- Participate with PHSKC in the development of a regional PHSKC-Law enforcement team to assist the delivery and enforcement of isolation and quarantine orders.

- Coordinate with the King County Medical Examiner's Office regarding incident site preservation, crime scene investigation, and remove of victims and remains.

King County Department of Transportation, Metro Transit Division:

- In support of hospital facility evacuations, provide vehicles to transport ambulatory patients between hospitals, as needed.
- Provide transportation for medical personnel, supplies and equipment to locations as needed.
- Provide busses to serve as antibiotic dispensing stations during public health emergencies, as needed.

King County Department of Development and Natural Resources, Parks and Recreation Division:

- Make parks facilities and equipment not otherwise occupied as shelters available for use as temporary treatment facilities for injured patients, as requested by Public Health.
- Staff will not be expected to provide medical care above and beyond their level of training of their staff which may be limited in most cases to the provision of first aid.
- Assist PHSKC in creating alternate care facilities or dispensing, vaccination or treatment clinics at suitable park facilities.

Seattle Parks and Recreation Department will:

- Make parks facilities and equipment not otherwise occupied as shelters available for use as temporary treatment facilities for injured patients, as requested by Public Health.
- Staff will not be expected to provide medical care above and beyond their level of training of their staff which may be limited in most cases to the provision of first aid.

Seattle Fleets and Facilities Department will:

- Assist PHSKC in creating alternate care facilities or dispensing .vaccination or Treatment clinics at suitable park facilities.

REFERENCES

Region 6 Homeland Security BioTerrorism Response Plan

Public Health Seattle & King County Emergency Operations Plan.

Public Health – Seattle & King County Emergency Operations Center Procedures Manual

Region 6 Hospital Emergency Response Plan (under revision)

King County Regional Disaster Plan for Private & Public Organizations

King County Medical Examiner Mass Fatality Plan

King County Multiple Casualty Incident Response Plan

Central Region EMS and Trauma System Plan

Central Region EMS and Trauma Council Communication Plan

King County Isolation and Quarantine Plan

King County Strategic National Stockpile / Mass Vaccination / Mass Dispensing Plan

King County Pandemic Influenza Response Plan

King County Epidemiological Response Plan

King County Mental Health Disaster Response Plan

King County Healthcare Coalition Charter